U. D	T REIMBURSA	BLE			•				ID BY
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THE UNITED	STATES, Dr.,	Payee'.	s Account No					OPD.	- K
To		· 						CONV	10,
		(Pa	iyee)				-	COPT	/
	(Ad	dress)	(City)	(Sta	te)				
No. and Date of Order	Date of Delivery or Service	ART (Enter description, ite schedule, and ot	FICLES OR SERVICE om number of contrac her information deem	S st or Federal sup ned necessary)	ply	QUANTITY	UNIT	PRICE	
	-	Discount Terms					Cost	Per	D
		Costs							
		00000							
PAYMENT:									
Complete 🗌 Partial									
Final		Lies conti	inuation sheet(s) if nece						
Shipped from	t			Government B/I	No.			Total	
I certify that the	above bill is correct	and just and that paymen				must NO	use this		-
		(Sign original only)			Differenc	es			
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Per				,		t verified;			
Contract No.	01-101		Reg. No.		(Signat	ture or initia			
Pursuant to sutho		certify that this account is			Da	LE .	In	voice Rec'e	<u>. </u>
	nty vested in me, 1		correct and proper for						
			SIGN	Ť		(Authorize	d Certifyir	g Officer)	
Ву		**********************	ORIGINAL ONLY	Title					
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- 1010		S FORM MUST BE EXECUTED WHE	IN PURCHASES ARE MADE O	Date					
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